



Montana Mental Health OMBUDSMAN Report • 2005

Bonnie Adee, Mental Health Ombudsman

Message FROM THE MENTAL HEALTH OMBUDSMAN

The Transformation Begins

The President's New Freedom Commission Report, published in July 2003, called for a fundamental transformation of the nation's approach to mental health care. What will it take to transform Montana's mental health care system?

Essential components for successful transformation include:

- A willingness to risk and a readiness for change
- A strong commitment to transformation by the chief executive
- Administrators willing to invest time and resources to transform their systems
- A dynamic, practical, visionary leader
- Meaningful participation by consumers and family members
- Commitment to cultural competence and to eliminating disparities
- Plans to sustain the transformation activities

Access, Recovery, and Quality Services must become the hallmarks of Montana's public mental health system.

Challenges and Opportunities Ahead

- On January 1, 2006, up to 6,400 Montanans with mental illnesses or cognitive impairments who are eligible for both Medicare and Medicaid will lose their Medicaid pharmacy benefit and must switch to a private pharmaceutical plan sponsored by Medicare. Each person has the opportunity to choose the plan that best covers his or her specific medication. Those who do not choose will be "auto-enrolled" arbitrarily. There is no provision for a "dual eligible" who "falls through the crack" and is not enrolled in a Medicare plan on January first. There is no assurance that the new plan will cover all of a person's medication after January first.
- Montana has a new pharmacy program (Big Sky RX) that helps Medicare beneficiaries below 150% FPL who are not Medicaid eligible. This includes about 1000 Montanans with the Mental Health Services Plan (MHSP) who currently have a pharmacy benefit that covers \$425/month. Beginning January 1, 2006 the MHSP pharmacy benefit will end for these individuals and the state will require them to use the new Medicare pharmacy benefit. Big Sky RX will help them afford their Medicare pharmacy benefit (premium, deductible and co-pays) in coordination with the premium assistance offered by the federal government. Those who don't qualify for assistance (over 150% FPL) may be eligible for a discount on medication, both psychiatric and other. Individuals with income over 135% will not be "auto-enrolled" in the Medicare pharmacy benefit. If they do not choose a pharmacy plan, they may need assistance to access medication. The Ombudsman's office expects people will need help understanding these changes.
- The Legislature authorized DPHHS to pursue a Medicaid waiver that would affect about 3000 individuals currently enrolled in the Mental Health Services Plan (MHSP). The waiver may limit the number of people who can be served in this program as well as their covered services and medication. On the other hand, for the first time, they will also have limited coverage for primary health care. The Ombudsman's Office anticipates a waiting list for this program after the Medicaid waiver is implemented.
- Two other Medicaid waivers authorized by the Legislature would affect children with serious emotional disturbance (SED) and those turning 18 without access to mental health services. Either of these waivers could create waiting lists, depending on the criteria for eligibility and how they are financed.
- The state is developing a Children's System of Care, using the model of Kids Management Authorities (KMAs). KMAs use a team approach to develop individual treatment plans for children with multi-agency service needs. According to the Children's Mental Health Bureau, the mental health services provided in the new system will be: child-centered and family focused; community based; culturally competent; and intended to keep children as close to home as possible. Initially, only a few communities will have grant funded KMAs established. Other communities may have access to a KMA without benefit of grant assistance, while some children and families may not have access to a KMA at all and will receive less integrated or coordinated services.
- The federal government is discussing major cuts to Medicaid funding as well as redefining certain services (such as targeted case management). If implemented, these proposals may result in less access to services for individuals with serious mental illness.



The "mental health maze" is more complex and more inadequate for children. One or two kids with serious emotional problems is virtually in every classroom.

Recommendations

This year the Mental Health Ombudsman continues two of the same four *core recommendations* it has made for the past five years for the public mental health system.

• Increase access to mental health services for children

Lack of coverage for services is the primary reason someone contacts the Mental Health Ombudsman's office on behalf of a seriously emotionally disturbed (SED) child. Often the child has "some kind of" coverage, including the Children's Health Insurance Program (CHIP), but the plan does not cover either *enough of* or the *kind of* services the child needs. **An excellent place to start improving access to mental health services for children would be to increase the benefit for mental health services available to a SED child covered by CHIP.**

• Divert individuals with serious mental illness away from the criminal justice system

The Office of the Mental Health Ombudsman is aware of several young men with a long history of receiving mental health care in the children's service system who have committed a serious crime and face the potential of many years in prison. While the public's safety must be considered, it is also true these individuals are unlikely to ever leave the criminal justice system if they enter it now. Access to the kind of treatment they need will be limited. They are unlikely to acquire the skills necessary for successfully living in the community. **The state needs placement options mentally ill individuals that offer both treatment and rehabilitation as well as protection for the public and consequences for the crime.**

In addition the Mental Health Ombudsman continues the same new recommendations made last year:

• Improve the quantity, quality and consistency of crisis services throughout Montana

Crisis services are being studied by the Legislature during this interim, and the development of a crisis system is a priority for the Addictive and Mental Disorders Division (AMDD). However, the Ombudsman's Office continues to receive concerns from individuals across the state about the lack of adequate or appropriate crisis response. **Ideally, we would also be developing an early intervention strategy to reduce the need for crisis response whenever possible.**

• Improve the transition for youth as they leave the children's mental health system and need services in the adult service system.

• Improve the transition to the community for those with serious mental illness who leave a correctional facility.

KIDS COUNT: By the Numbers

Annually the Annie E. Casey Foundation reports on the well-being of America's children. Ten measures have been selected and tracked over time to indicate trends in child well-being, both nationally and state by state. According to the just released 2005 KIDS COUNT data book, Montana's overall ranking on child well-being indicators has dropped from 21st in 2000 to 34th in 2005. Poverty has a high correlation to lack of well-being for children. 45 % of Montana's 215,000 children live in families with income below 200% of the federal poverty level. Two of the well-being indicators on which Montana children ranked particularly low were **teen death rate** and **high school dropout rate**.

The Casey Foundation believes the most powerful way to help disadvantaged children is to help their parents be more successful in connecting to the workforce. In their study of barriers to employment, the foundation identified four factors: **Substance abuse; domestic violence; prior incarceration; and maternal depression** that significantly contribute to children living in poverty. The challenging question is, "*Could Montana improve the well-being of our children by investing more in programs and services that address these adult issues?*" The data suggests we could.

For a copy of the KIDS COUNT Data Book contact the Anne E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 21201, or view it online at www.kidscount.org.

For more information about the Montana KIDS COUNT project, contact Steve Seninger, Director of Economic Analysis at the University of Montana School of Business Administration, at (406) 243-2725 or steve.seninger@business.umt.edu.

How to Reach Us:

The Ombudsman Office is open from 8 a.m. to 5 p.m. Monday through Friday. You may leave a voice message anytime.
Toll Free: 1-888-444-9669 Fax: (406) 444-3543 E-mail: badee@mt.gov

Our Mandate

“The Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services.”

2-15-210 (3), MCA

Observations From The Data

The top three concerns reported to the Office of the Mental Health Ombudsman in FY 2005 were:

- 1) Difficulty accessing mental health services;
- 2) Complaints about a provider; and
- 3) Difficulty accessing mental health treatment in the criminal justice system.

For those who had difficulty accessing mental health care in the mental health system, the three greatest problems reported were:

- 1) Lack of adequate (or sometimes any) insurance coverage;
- 2) Lack of necessary information
- 3) Lack of access to medication.

In 2005 more people reported concerns about treatment than in any previous year. These concerns were usually not from the individual with the mental illness, but from family members asking for more information about treatment or asking for help for someone who refused treatment.

In 2005 people in the community reported less difficulty accessing psychiatric medication. In the criminal justice system, more concerns about accessing psychiatric medication were reported.

Complaints

In 2005 more callers were unhappy about something than in all previous years except 2001. Half of the complaints were about a licensed mental health center, and that number increased from past years. Case management was the most frequent service people complained about.

The next largest number of complaints was about service providers outside the mental health system, such as assisted living facilities, home care providers, DD providers and vocational rehabilitation programs.

The third most frequent complaint was about adult group homes.

Complaints Against	2005	2004	2003	2002	2001
Licensed Mental Health Centers	33	21	24	28	31
Others	12	3	3	0	0
Group Homes	7	2	0	3	6
Montana State Hospital/Nursing Home	5	4	8	6	3
Hospitals	4	3	2	2	6
Residential Treatment Centers	3	2	4	5	20
Independent Licensed Providers	2	9	3	8	5
Mental Health System	2	5	1	5	2
Nursing Homes	0	1	4	0	0
TOTAL:	68	50	49	57	73

Trends in Issues Reported

Issue	2005	2004	2003	2002	2001	2000
Access to Care	34%	40%	38%	38%	40%	50%
Child and Family Services	6%	4%	3%	4%	4%	2%
Commitment	6%	3%	1%	4%	5%	4%
Complaint	18%	16%	14%	12%	16%	11%
Criminal Justice	10%	10%	7%	9%	9%	5%
Discrimination/ADA	2%	2%	3%	2%	2%	1%
Employment	1%	1%	1%	1%	1%	0%
Financial	3%	4%	7%	5%	6%	10%
Housing	3%	1%	4%	2%	1%	1%
Legal	4%	6%	5%	6%	1%	2%
Medical Care	1%	na	na	na	na	na
Other	1%	0%	2%	2%	6%	8%
Patient Rights	2%	1%	2%	3%	1%	1%
Provider Concerns	1%	1%	3%	3%	1%	1%
Social Security	2%	5%	4%	3%	2%	1%
Treatment	7%	6%	4%	5%	2%	1%
Unknown	1%	1%	0%	0%	1%	2%

Access to Care Concerns = 34% of total

Concern	2005	2004	2003	2002	2001	2000
Authorization of Services	2%	3%	1%	3%	3%	3%
Availability of Services	3%	4%	3%	3%	6%	6%
Services for Mental Illness and DD	2%	1%	2%	2%	2%	2%
Services for Mental Illness and CD	1%	1%	1%	2%	1%	1%
Enrollment Cap	0%	0%	1%	1%	2%	1%
Information Requests	5%	5%	na	na	na	na
Insurance: Inadequate or None	6%	4%	4%	3%	4%	1%
Lack of Access to Medication	4%	7%	7%	4%	2%	5%
Application Process	2%	1%	2%	3%	5%	6%
Lack of Clinical Eligibility	0%	1%	0%	2%	1%	1%
Lack of Financial Eligibility	1%	3%	2%	3%	5%	8%
Reenrollment Problem	1%	3%	6%	1%	na	na
Lack of Psychiatrist	1%	2%	1%	3%	1%	3%
Lack of School Services	1%	1%	2%	3%	1%	2%
Services Not Covered	2%	3%	4%	5%	1%	0%
School Services	0%	1%	2%	3%	1%	2%
Need Transition Services	1%	1%	na	na	na	na
Lack of Transportation	1%	0%	1%	1%	4%	1%

Many complaints received by the Office of the Mental Health Ombudsman are referred to the Mental Disabilities Board of Visitors (BOV) to investigate. The Board’s responsibilities include “assisting any person who is receiving or who has received treatment at a mental health facility in resolving any grievance”. (53-21-104 MCA). Many complaints are not substantiated upon investigation.

COMPARISON OF DATA FROM THE SERVICE AREA AUTHORITIES (SAAs) . . . Each SAA has approximately the same population and the same number of persons eligible for Medicaid. Nonetheless, the volume of contacts from each of the three areas is uneven. Again this year, there were twice as many contacts from the Central and Western regions as from the Eastern region. The following is a brief profile of the three regions:

EASTERN SERVICE AREA (18%)
Majority of these contacts are from the Billings area.
The three top concerns reported were:

- Complaints
- Lack of availability of mental health services
- Need for information about access

CENTRAL SERVICE AREA (37%)
The top three concerns reported were:

- Complaints
- Lack of access to mental health care in the criminal justice system
- Requests for legal assistance

WESTERN SERVICE AREA (40%)
The top three concerns reported were:

- Complaints
- Lack of access to mental health care in the criminal justice system
- Requests for information about treatment or help for someone refusing treatment

** 5% of callers were from out-of-state or unknown. Most of the out-of-state callers wanted information about services, either in Montana or in another state.*

Resources

Bazelon Center for Mental Health Law
<http://www.bazelon.org>

Drug Information, MEDLINEplus - National Library of Medicine <http://www.nlm.nih.gov/medlineplus/druginformation.html>

Drug Patient Assistance Programs - NAMI
<http://www.nami.org/helpline/freemed.htm>

Drug Patient Assistance Programs - RxHope
<http://www.rxhope.com/programinfo/main.asp>

MAP - Montana Advocacy Program
<http://www.mtadv.org/>

MMHA - Montana Mental Health Association (formerly MHAM) <http://www.mhamontana.org>

Moe Armstrong and Peer Educators
<http://209.58.132.78/moe>

NAMI-MT – The Nation’s Voice on Mental Illness
<http://www.namimt.org>

NMHA - National Mental Health Association
<http://www.nmha.org>

National Mental Health Consumers’ Self-Help Clearinghouse
<http://www.mhselfhelp.org>

PLUK - Parents, Let’s Unite for Kids
www.pluk.org

President’s New Freedom Commission on Mental Health – Final Report
<http://www.mentalhealthcommission.gov/reports/reports.htm>

SAMHSA’S National Mental Health Information Center (formerly KEN) <http://www.mentalhealth.samhsa.gov/cmhs>

Sharing the Hope, Sharing the Healing of Mental Illness Recovery
<http://hopetohealing.com>

Surgeon General, Virtual Office of the
<http://www.surgeongeneral.gov>

USPRA (formerly IAPSRs)
<http://www.uspra.org>

Who We Are



Bonnie Adee, Mental Health Ombudsman . . . Bonnie was appointed to a four-year term as Mental Health Ombudsman in August 1999 by former Governor Marc Racicot. In August 2003 Governor Martz reappointed her. She has two Master’s Degrees, one in education and one in health care administration. For fourteen years, Bonnie was director of Helena’s hospice program. In 1994 she became Director of Behavioral Health Services for St. Peter’s Hospital in Helena. Bonnie completed a three-year term on the Helena School Board, and now serves on the Board of Directors of St. Peter’s Hospital. Her two children are young adults.



Brian Garrity, Program Specialist . . . Brian joined the staff in October, 1999, and works half-time. Previously, Brian was a member of the Board of Directors of the Montana Mental Health Association, vice-chair of the Mental Health Oversight Advisory Council, and a member of the Co-occurring Disorder Task Force and Work Group. He is currently a member of the PACT Advisory Council and is a mentor in the NAMI Peer-to-Peer program. Brian has been an active advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness.